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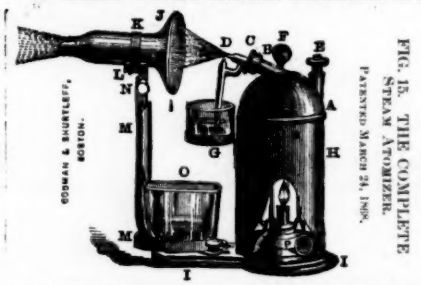

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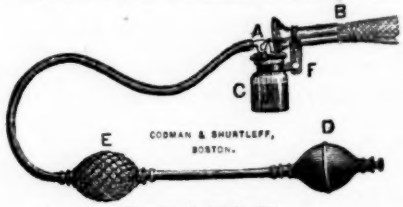

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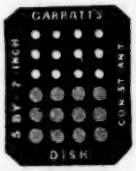

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Original Communications.

ON THE NATURE AND OBJECTS OF MEDICAL SCIENCE, AND ITS RELATIONS TO THE WELFARE OF THE COMMUNITY.

AN ADDRESS BEFORE THE NORTH-EASTERN INDIANA MEDICAL ASSOCIATION, JUNE 4th, 1872.

BY N. S. DAVIS, M.D., OF CHICAGO, ILL.

Brethren of the Medical Profession, and Citizens: I appear before you this evening to perform a task of great difficulty; namely, to so present a strictly professional subject as to interest the professional part of my audience, and at the same time make myself intelligible and instructive to the larger number who have no knowledge of either the science or the art of medicine. A desire to be relieved from pain and disease on the one hand, and a cordial sympathy with suffering, prompting efforts for its relief, on the other, are among the strongest instinctive feelings in man's nature. Hence, in the earliest records of our race, whether written or traditional, we find evidences both of human suffering and of human efforts for its relief. Direct efforts to prevent, ameliorate, and cure diseases, constitute the art or practice of medicine, and have existed in some degree among all the tribes and nations of the earth since the fall of man from his state of primeval innocence, to the present time. The science of medicine, properly so called, embraces an actual knowledge of man, and of all those surrounding agencies and influences capable of so acting as to modify his condition in health and in disease, and is of comparatively modern origin. By a knowledge of man, is meant a full comprehension of the structure and functions of every part of the living human body. To gain such knowledge requires a complete anatomical analysis, by which every bone, cartilage, ligament, tendon, muscle, nerve, blood-vessel, gland, etc., shall be studied, both separately and in their relations to each other, as well as in regard to the special function or office that each performs, as a part of the complex whole. And when the knife of the anatomist has exhausted its power of further analysis, the crucible and test glass of the organic chemist, and the microscope, take up the work and soon complete the process of opening to our view both the composition and the minute structural arrangement of every tissue entering into the organization of the human body. By this careful and extended analytical study, the human body is found to be composed of a few elementary tissues, endowed with certain properties, and each fulfilling a certain office, or performing a certain specific function peculiar to itself. It is by the varied combination of these few elementary forms of structure (no more than five in number), that all the beautifully complex and important organs of the body are formed, and made capable of acting, each in harmony with all the rest.

The five primary structures, namely, nervous, muscular, capillary vascular, secretory, and fibrous, are found in varying proportions in almost every part of the living body; and while all possess the common properties of *susceptibility*, or a capacity to receive impressions, and a *vital affinity*, by which the primary atoms or cells, of which they are made, are held in their proper places, each contributes its own specific function or peculiar action to the common object of enabling the more complex organ to perform its office. For instance, the capillary vascular structure is everywhere, both the reservoir of materials (the blood) for supplying the constant waste or change of atoms in all the structures, and the primary receptacle of the products of such waste or change. The secretory structure constitutes the active chemical laboratory by which elements are combined into new fluids, some to aid in digesting and assimilating the raw material received as food and drink; and some to be eliminated or cast out as useless or hurtful to the organization. The muscular structure furnishes the capacity for active motion; the nervous imparts sensibility, and at the same time the medium for transmitting the sensations to the proper centers; while the elastic fibrous structure affords the matrix and con-

necting medium by which all the other structures are held in proper position; firm enough to maintain form and durability, yet elastic enough to admit of the greatest freedom of motion. Thus, in strict accordance with the general economy of Nature, we find this wonderful and mysterious mechanism which we call the human body, composed of a small number of elements, endowed with a still smaller number of distinctive properties, but so combined as to be productive of the most varied and complicated results. Passing from the study of elementary structures to that of the fully formed and complex organs, we readily see that they are capable of being arranged into four groups, having as many distinct and important ends to accomplish. The first group embraces all the organs engaged in the reception, digestion, and assimilation of food, their end or object being to supply new material for growth and repair. The second, those that separate from the blood the waste material of the tissues, and convey it out of the system, as the skin, lungs, kidneys, etc. The third, are the seat and instruments of mind or intelligence, as the brain and its appendages, the organs of special sense, and the voluntary muscles; while the fourth group are designed for reproduction. The first may be termed organs of supply or nutrition; the second, organs of waste or excretion; the third, organs of intelligence; and the fourth, organs for the propagation of the species.

But while each group has its definite end to accomplish, and every part of each group is admirably adapted to perform its own special part of the general process, yet all are so connected, both by nervous cords and a common fluid (the blood), that they constitute links of a single chain, no one of which can be marred or broken without producing more or less disturbance throughout the whole. From this hasty glance at man's physical organization, it is seen that with the aid of the dissecting knife, the microscope, and the chemical laboratory, he stands before the truly intelligent physician of the present day, with the intricate structure and function of each tissue and organ, and their mutual influence on each other, as clearly revealed as are the lineaments of his own face when reflected from the mirror. Seeing thus clearly the natural composition, organization, or structural arrangement, and functional action of each part of the human body, and the influence that each exerts on every other, the physician has in his mind a definite standard of health; and he is prepared to appreciate and detect every departure from that standard, constituting disease. He recognizes the fact that each property common to all the tissues, and each function or action performed by the individual organs, are capable of being increased above the natural standard, depressed below it, or perverted from its proper direction, each constituting elementary forms of disease. He is thus prepared to detect at the threshold the fallacious and unphilosophical character of all those attempts to reduce all morbid action or disease to one general law. It matters not whether such law be expressed by the word *irritation* on the one hand, or *debility* on the other, or by the favorite maxim of the blunt and ignorant Samuel Thompson, that "Heat is life, and cold is death." They are equally at variance with the fact that morbid action may be in one case in the direction of irritability or excitement; in another in the direction of debility or depression; while in a third it may be in such a direction as to be incapable of being expressed by either irritation or debility, but is perverted. For instance, the action of the kidneys may be so increased as to produce a larger quantity of urine in a given time than natural, or it may be so diminished as to produce less than natural. Yet in both instances the composition of the urine may be strictly natural. But in another case, the action of the kidneys may be so perverted that the urine secreted shall contain albumen, sugar, or other unnatural ingredients, while the quantity may be strictly within the limits of health.

So, too, the action of the brain may be simply increased, producing unnatural sensibility and mental activity; or it may be diminished, causing slowness of thought, impairment of sensibility, and even paralysis;

or it may be perverted, giving rise to morbid sensations and mental derangement.

If it becomes thus apparent that all attempts to reduce disease or morbid action to some one theoretical law, are futile, it follows logically that all attempts to deduce a universal law of cure, are equally unphilosophical and vain. Hence the law of universal stimulation adopted by the Brunonians of a former age, and revived in a modified form by the present generation; the opposite law of depletion or antiphlogistics; and the fanciful dogma of Hahnemann and his followers that "Like cures like," have, each in its turn, proved abortions in practice, simply because they were applicable to a limited range of actions only. Hence, whenever a so-called Doctor makes his appearance in any community, claiming to cure all diseases by some one medicine, or in accordance with some special law, it will be entirely safe to class him either as a self-deceived ignoramus, or as a designing knave, endeavoring to obtain money by false pretences.

But while a knowledge of man, such as we have hastily passed in review, constitutes an important part of medical science — so important, indeed, as to be the chief cornerstone or foundation of the temple, yet there are many other items that make up the superstructure.

Man is simply a link in the great chain of animated beings, and is constantly living and moving in the midst of agencies that are exerting an important influence on his sensitive organization. The food and drink he takes, the earth on which he treads, and the atmosphere he breathes, all exert a constant and important influence, both on the properties of his tissues and the functions of his organs. An intimate knowledge of these, therefore, becomes as much a part of medical science as a knowledge of man himself. To gain such knowledge, however, involves a careful study of the whole range of the natural sciences. The composition, geological arrangement and topography of the earth, determines the character of the emanations into the atmosphere that we must inhale every moment, as well as the quality of the water and vegetation furnished for food and drink. The composition of the atmosphere, its temperature, moisture, electrical condition, and thousand variable elements, organic and inorganic, coming, as it does, in almost direct contact with the blood in the lungs, necessarily exerts an unceasing influence, both in the promotion of health and the production of disease.

Even the food we require for sustenance, and the medicines for alleviating disease, are derived from the three great kingdoms of nature — the inorganic, the vegetable, and the animal.

Indeed, there is not a branch of either natural, physical, or mental learning which does not contribute something of importance to the superstructure of medical science. Even the instruments we use in exploring the organs for the diagnosis of disease, are exclusively the results of the application of the laws of mechanics and natural philosophy.

I have thus glanced, as rapidly as possible, at the nature and origin of legitimate medical science, for the purpose of impressing on your minds the important truth that the medical science of to-day is but a part of the great field of general science; to be acquired by the same patient study, the same mental discipline, and the same inductive processes of reasoning that we require for the successful study of any other department of human knowlege. It is not a mysterious something, that comes by intuition or hereditary descent, either to the seventh son of a seventh son, or to any reckless ignoramus, male or female, who chooses to assume the title of Doctor, and dabble with human health and life.

In truth, the science of medicine is but the selection and aggregation of such facts and principles from all the departments of human knowledge, as are calculated to aid us in understanding the structure and functions of the human system, with all the varied influences capable of affecting them, either in health or disease. The anatomy and physiology of man is only a part of the chemistry, anatomy and physiology of the organic world, vegetable and animal.

The materia medica, or, in other words, the materials for combating disease, is simply an aggregation of items from chemistry, botany, mineralogy, zoology, and general physics. While disease itself, instead of being a mysterious entity — a physical or imponderable something pervading the human organization, and capable of being driven about from tissue to tissue, or exorcised by charms, incantations, or the laying on of hands—is simply a deviation or departure of some structure or function from the natural standard of action, produced either by some one of the various agents acting through the air we breathe, the food and drink we take, or the mental impressions we receive, or by hereditary influence. And rational medicine consists in a clear conception, first, of the natural or healthy standard of structure and action; second, of the special direction and extent of the deviation from the natural in any given case of disease; and third, of the nature and action of such remedial agents as are capable of counteracting the unnatural deviation and aiding in the removal of its effects. The skill and success of every physician will depend on the extent and accuracy of his knowledge in these three particulars, and on the promptness and precision with which he selects and adapts the proper remedies to the nature and stage of progress in each individual case of disease. If he finds the deviation from healthy action to be in the direction of excess or excitement, he applies agents of a soothing and sedative nature; if in the direction of depression or debility, he aids the restoration by tonics; or, if in the direction of perverted action, he applies neutralizers and alteratives. In other words, he follows the ordinary teachings of common sense and rational induction, by soothing pain, repressing excitement, propping up debility, and correcting perverted action; instead of constructing a theoretical iron bedstead, in the form of some pretended panacea, therapeutic law, or special *pathy*, or *ism*, to which all patients and all morbid actions are to be fitted, *nolens volens*; whether such *bedstead* be represented by the shocks and baths of Electropathy; the ducklings and packings of Hydropathy; the infinitesimal sugar pellets selected by the rule of "*Similia similibus*" of Homœopathy; or the half dozen roots and herbs of the more vulgar, though not more absurd, "root-doctor."

The true physician is the enlightened handmaid and helper of nature, in the broadest and truest sense. The great object of his life is to comprehend clearly the deviations, the perversions, and obstructions, to which the various parts of the living human body are subject, and to be ever ready to bring some agent or influence to bear for counteracting the deviations and removing the obstructions. He does not play the part that some, eminent in our profession, and even occupying high positions, would fain assign to him. They not only exalt *nature* to something possessing the attributes of intelligent personality, if not Deity, but they also *personify* disease; and through all their writings runs the clearly expressed idea that the latter is in active combat with the former; as much so, indeed, as two armies marshaled in the field of physical strife. And their favorite position for the physician to occupy, appears to be that of a faithful sentinel, with a little reserve corps at his command, by the aid of which he is to ensure fair play between the combatants; and especially to see that *nature* does not become embarrassed during the fight by bad air, injudicious or insufficient food, and neglect of cleanliness; but in no case is he to violate the laws of neutrality by active interference in the combat. That I do not exaggerate or misrepresent the ideas that have come to us from the Bigelows, Forbeses, Holmeses, and other so-called conservatives, in modern medical literature, permit me to quote the following from an address of Dr. Gibson before the British Medical Association, in 1870. He says: "Diseases have, so to speak, a lifetime of their own, with its periods of growth, maturity, and decline. They are the passing tenants of the body, which they occupy often with great injury for a limited time. Treatment cannot change their nature, cannot expel them at once, cannot quench them,

cannot materially shorten or prolong their existence." Could language be chosen that would convey a more perfect idea of a living bodily entity, than we find here applied to diseases? They are not represented as mere morbid actions or perverted functions, induced by the undue impression of some exterior influence, but they are actual "tenants,"—living occupants, capable of growth, maturity, and decline. The physician may look on anxiously, and endeavor to prevent these occupants from breaking the windows, tearing down the partitions, or rooting up the foundations of the human tenement; but he can do nothing towards destroying the unwelcome intruders, or even hastening their departure.

Such doctrines are not only devoid of all foundation in the facts of science, but they have a most injurious effect on the progress of true rational medical practice. They are only the reproduction, in new phraseology, of the same ideas that were embodied by the ancients in their *vis animæ*, *vis vitæ*, *vis medicatrix naturæ*, etc. They degrade the physician to the position of a gentlemanly looker-on, with here and there a word of advice to the nurse in regard to the hygiene of the sick-room, and perhaps a placebo for effect on the mind of the patient, while the latter patiently takes his chances for life or death in his unaided struggle with the "tenants" that have taken temporary possession of his clay tenement. Will some of the toil-worn practitioners in my audience, who have for years combated disease on the rich and beautiful prairies around us, tell me what kind of bodily existence is assumed by intermittent fever when it becomes a tenant of the human body; how long it continues to grow; what the duration of its sturdy maturity; and what the rate of its decline? Are you satisfied that you have never changed his complexion, or hastened somewhat his departure by a few doses of a suitable anti-periodic? Will any of you give me the same facts in regard to bronchitis, pneumonia, dysentery, cholera morbus, etc.? That we have some diseases which, like the eruptive fevers, run a definite course, we freely admit. This is not, however, because they have a bodily existence, but simply because they are produced by specific viruses, which, when once introduced into the blood, can be eliminated only slowly, and by the aid of certain morbid processes; and for the neutralization of which we have yet discovered no reliable antidote.

True scientific and rational medicine neither consists in placidly waiting to see how large a proportion of patients will finally get well without active medication, on the one hand; nor in blindly and heroically dosing every sick person, merely because they are sick, on the other; but in studying assiduously the causes and nature of every variety of morbid action, and the accurate and prompt application of such means as will remove or neutralize the causes, and lessen the intensity and duration of the morbid actions.

Actuated by such a purpose, his practice neither becomes amenable to the charge of being a "meditation on death," nor the work of a blind man with a club, striking at random, and hitting the patient or the disease, as simple chance may dictate; but he is stimulated to constant activity in the acquisition of new facts and principles, and the more accurate adjustment and use of those already acquired. His mental vision, instead of becoming narrowed to the limits of a special dogma or ism, is constantly enlarging its scope, more clearly defining the relation of its facts, and more accurately applying them to the great work of ameliorating human suffering, and prolonging human life. He not only lays under contribution every department of human knowledge, either for facts or materials with which to prosecute his noble work, but his clear perception of the need of more facts and materials, makes him in turn one of the most active and successful cultivators of the very sciences that he has laid under contribution for the benefit of himself and his patients.

This is the reason why, in all ages, members of the medical profession have been among the most active and eminent cultivators of every department of physical and mental science.

Having glanced at the nature of medical

science, and the art or practice, so far as it relates to the treatment of disease, I should come far short of doing justice, did I omit to allude to another and perhaps even nobler application of our science.

It is a great and beneficent work to alleviate suffering by lessening the intensity, shortening the duration, or curing disease; but it is a more desirable, if not nobler work, to prevent its occurrence. Hence the application of the truths of our science to the construction of hygienic and sanitary measures, by which not only individuals, but whole communities, are protected from the operation of causes that would otherwise induce annually millions of cases of disease and thousands of deaths, constitutes one of its most gratifying achievements — achievements, indeed, which constitute a broad line of distinction between legitimate medicine and all the various special systems and pathies that have existed from the days of Paracelsus, who died with his boasted Elixir of Life in his pocket, to the present time. Who can tell how many lives have been saved, and how many fair faces have been kept free from the pits of small-pox, during even the last twelve months, by the well-known discovery of Jenner? Who can tell how much human suffering has already been prevented by the discovery and application of anæsthesia by Wells, Jackson, Simpson, and their co-laborers? Or who can compute the grand total of sickness and mortality in the great cities of the world, prevented by the application of the facts and principles of medical science to the work of drainage, ventilation, disinfection, etc.? If any wish to test their mathematical skill, let them compare the ratio of mortality of London, before the great fire of 1666, with that of the London of to-day. And when they have figured up even the column of lives saved in that city alone during the last two centuries, let them apply the same estimate to all the densely-populated cities of the civilized world. And yet, what a field is here still open for extension and improvement! Indeed, all that has been accomplished in sanitary science, or preventive medicine, is only the beginning of a work now in its infancy. The further application of known facts and principles to the sanitary improvement of cities; the extension of the same principles to the selection of the site and the construction of every farm-house in the country; and the further discovery of the causes of diseases and their antidotes, both in and out of the human body, by the aid of organic chemistry and the microscope, are all open fields of professional labor, the future results of which will make the work already accomplished appear, to future generations, as only the small drops that herald the coming of the copious and refreshing shower.

And yet, this whole work of sanitary improvement springs directly and logically from the intimate connection between legitimate medicine and the collateral sciences. It is that connection which developes clearly and fully the intimate relation of man, as a physical being, to the physical agencies that surround him; and the same inductive processes of reasoning that we have indicated as governing the application of remedies to the treatment of diseases, necessarily suggest the importance of their prevention by a removal of the causes by which they are induced. But what kind of sanitary measures for the prevention of disease have ever sprung from the study of any of the various special systems or pathies that have either blessed or cursed the human race? Where are the systems of sewerage, cleanliness, water supply, ventilation, etc., on which so much of the health and comfort of all modern densely-populated towns depend, which have been devised by the disciples of Electropathy, Hydropathy, Eclecticism, and Homœopathy? Indeed, what kind of sanitary measures would be logically suggested by the so-called great therapeutic law of Hahnemann, "*Similia similibus curantur*"? Surely not by sewers, disinfectants, and pure water, for that would be acting on the law of contraries. Would it not be by attempting to cure one foul air by bringing in contact with it another as near like it as possible? One bad odor by another closely resembling it? I have alluded to these isms and pathies, not

that they are deemed of sufficient importance to elicit opposition, but simply to illustrate more clearly the true character of legitimate medicine. They have always existed in some form, and will probably continue to exist so long as there are erratic minds in the human family. Parallel excrescences exist in every profession and human calling. The honorable profession of Law has its pettifoggers and shysters; and that of Theology has its erratic off-shoots of every grade; and all find followers. Even the infidel, who is so credulous as to believe that this world, with the evidences of intelligent design inscribed upon every rock, murmured from every brook, exhaled from every opening flower, whispered from every fiber of his own organization, and thundered from the starry sky, has no other creator than blind Chance, has plenty of followers. The true science and art of medicine has nothing to fear from such off-shoots. With its facts and principles culled from every department of general science, its progress and expansion will move on, as they have hitherto moved, *pari passu* with the advance in other departments of learning, always quickened by the instinctive desire to sieze upon every fact and influence that can be made available for the relief or prevention of human suffering.

If I have made myself understood by this intelligent audience, in regard to the nature of medical science and practice, and its intimate relations to the individual and social interests of man, I trust there is not one of you who will longer look upon the profession as a mere trade or calling by which a class of individuals gain a respectable livelihood, but you will appreciate and foster in every proper way its advancement to the more perfect accomplishment of its high and beneficent purposes. Not only smile on its votaries when they stand by your couch of pain, or with manly courage brave the pestilence while all others quail or flee, but see to it that every obstacle to the advancement of the science and the complete education of the profession is removed. By just laws provide for the legal study of human anatomy; by a wise and liberal economy encourage every intelligent effort for the sanitary improvement of communities, and by a still more liberal policy see to it that your sons who study medicine have the advantage of that thorough mental discipline and development that a liberal education alone can give. And you, brethren of the profession, falter not in the work of your great mission, but continue to mingle in your social capacities; continue to foster friendly intercourse and mutual improvement, ever remembering that the great end of life is to do good, and that he is the noblest hero who does most to leave the world better than he found it.

THE BRUIT DE DIABLE, OR ANÆMIC MURMURS.

A LECTURE BY DR. A. DUCHEK, PROF. OF GENERAL PATHOLOGY IN THE UNIVERSITY OF VIENNA.

(*From Notes by Karl Wavlik.*)

There are to be found murmurs in the heart and the veins, which do not arise from any substantial organic changes in the heart or vessels, as for instance in men and animals exhausted by loss of blood and attendant anæmia. In the same degree as the loss of blood and the paleness of the skin proceed, these murmurs appear in the heart and the veins of the throat. In severe cases if we touch the jugular vein with the finger we perceive at once a continued vibration like that of a string. On pressure on the upper part of the jugular vein, both the perception of the vibration and the acoustic evidence of a murmur disappear, proving it to be merely venous.

The formation of the heart sounds is modified by two circumstances: the condition of the valves of the heart and the vessels on the one hand, and the pressure produced by the blood stream upon them on the other. As we have in such cases of anæmia no symptoms permitting us to diagnose changes in the vibrating mediums, we are induced to seek for the origin of these sounds in the causes themselves which produce vibration, viz., the pressure of the blood. In the disorders attended by these murmurs (as anæmia, chlorosis and loss of blood), the propulsive power of the heart is unchanged, but its contractions are

more frequent, while the blood is either diminished in quantity or weakened in quality. The pressure exercised by it in the circulation is also diminished, so that the impulse given by the blood column is not sufficient to develop in the valves, or in the arterial walls, the amount of tension necessary for the formation of the sound, which under normal circumstances makes its appearance in these vibrating mediums, but in these cases is lowered into the acoustic impression of a murmur.

In this way we explain the origin of the murmurs in the heart. It is more difficult, however, to trace its cause in the jugular vein. Some have attributed it to the arteries, but this is contradicted by its disappearance on pressure on the jugular vein, as well as by its continuity. These sounds are modified in two ways. They grow stronger at regular intervals, being reinforced by the sounds of the carotids ; we call these *moments of reinforcement.* Secondly, the murmurs are increased or diminished according to the force and rapidity of the respiration.

In the heart we attribute all sounds and murmurs to the action of *vibrating membranes.* But for these murmurs in the veins we cannot suppose that they are caused by a *whirl* of *blood*, nor by the pushing of the blood stream against a narrow entrance. Behind the insertion of the sterno-cleido-mastoideus the jugular vein is wider than elsewhere, forming the bulbus, and beneath this bulbus, in the narrowest part of the vein, are valves. These valves have a most important influence upon the entire circulation. If the pressure in the thorax is too great they are approximated and thus oppose the further entrance of the blood. The part of the veins above them becomes, consequently, dilated just as in cases of stagnation in the heart, the jugular vein is distended and the jugulum grows gradually more shallow.

The venous murmurs then arise from the vibrations of these valves caused by the impulse of the blood. When the blood flows slowly the impulse is too weak and no murmur is to be heard. The murmur arises when the valves are half opened and put into vibration by a sufficient rush of the blood.

Another peculiarity is to be noted. The bulbus is attached to the clavicle, behind the sterno-clavicular articulation, and thus being stretched out, the flow of blood is facilitated. If the pressure in the thorax is increased by valvular failures, emphysema of the lungs, etc., the stream flows slowly, and therefore we do not find these murmurs attending disorders of the intra-thoracic organs. Another consequence of this fact is, that these murmurs disappear in anæmic persons when they become affected by pneumonia or exudative pleurisy, reappearing again however on recovery. The two necessary requisites then, for the production of the murmur are a speedy circulation, and a normal pressure of blood in the thorax.

This view also affords us an explanation of the fact of the murmurs growing stronger when the respiration is more hurried. The thorax being strongly dilated, the blood rushes into it in more forcible currents, thus strengthening the acoustic impression. When the respiration is impeded, or is forced, the circulation loses the necessary rapidity, and the vibrations become inaudible.

These murmurs are very rarely to be found in connection with mechanical changes in the heart. They accompany similar murmurs at the aorta, which are always systolic, never diastolic. They may perhaps be diastolic in the most severe disorders of this kind, where it is impossible to distinguish whether there is only one continued murmur, or whether the systolic and diastolic murmurs meet and run into one another.

GRANULATIONS OF THE CONJUNCTIVA TREATED BY ELECTRICITY.—Two methods of treating granulations of the lids by electricity, are noticed. Dr. Kohn, of Berlin, employed a battery of one element. Having protected the eye with Jaeger's plates, he placed the heated platinum wire on the eyelid. Dr. Schivardi employed a Bunsen battery of two elements. The negative pole is applied to the inverted surface of the upper lid by means of a buttoned sound. The positive pole is applied to the nucha by means of a sponge saturated in salt water. The session is of about ten minutes duration. Remarkable success is claimed.

THE
MEDICAL EXAMINER.
A Semi-Monthly Journal of Medical Sciences.
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, June 1st, 1872.

EDITORIAL.

In our sketch of the doings of the recent meeting of the Illinois State Medical Society, we have aimed to give only such items of practical interest and value as were developed in the papers and discussions, without regard to the general miscellaneous business of the session. The length of the report crowds out all our intended editorial matter for this number. The following officers were elected for the ensuing year:

President, Dr. D. W. Young, of Aurora.

First Vice-President, T. D. Washburn, of Hillsboro.

Second Vice-President, F. C. Hotz, of Chicago.

Assistant Secretary, Dr. R. D. Bradley, of Bloomington.

The next annual meeting is to be held in Bloomington on the third Tuesday in May, 1873.

Clinical Reports.

REMOVAL OF THE INFERIOR MAXILLA FOR MALIGNANT EPULIS: A CLINICAL LECTURE IN COOK CO. HOSPITAL, BY PROF. J. W. FREER.

REPORTED BY L. CURTIS, M.D.

Professors Gunn, Powell, Lyman, Dr. Owens and others, were present as assistants. Every precaution had been taken to ensure the success of the operation. A charcoal furnace was placed within the amphitheater, in which were heating cauterizing irons for use in case of troublesome hemorrhage.

After all preparations had been made, the patient, a man of about sixty years of age, though appearing much older, was led in. He was emaciated and pale, and appeared exhausted by his exertions in walking into the room. A mottled red and gray tumor projected from the mouth, across which the distended lower lip was tightly drawn. On the entrance of the patient, the Professor commenced his remarks:

"*Gentlemen:* We have here a peculiar case. One would think on superficial examination that it was a disease of the tongue. I thought so myself when I first saw it. But if we look into the mouth, we shall find the tongue to be intact. It is even tipped a little back by the crowding of the tumor. This tumor commenced four months ago as a little spot on the gums, and below the teeth. It is called epulis. An ordinary epulis generally does not involve more than three or four teeth. The periosteum is first involved, the bone secondarily. The gum has a spongy appearance, and rises up between the teeth, crowding them out of their sockets, and they appear on the top of the tumor. If the tumor is removed with a part of the alveolar process, the disease is arrested. Anyone can do it, almost.

"Sometimes, however, it takes on the character of a malignant growth. Paget speaks of it as recurrent fibroid. In Erickson's Surgery it is called malignant epulis. This is the kind of tumor we have here. It is endangering the patient's life, and has already occasioned severe dyspnœa. If left to itself, he could only live a few days. The operation for its removal is a severe and dangerous one; but I am ably supported, and the patient consents. I have told him the danger; but he says that if he dies it will be over. I would not consent to operate, however, if not so ably supported. We do not intend to let the patient die under the knife.

"The dangers are manifold, the principal of which is hemorrhage. The tumor has grown so fast that it is exceedingly vascular. We shall remove the lower jaw. If we do this, we encounter another danger. The muscular connections of the tongue, the genio-hyo-glossus, etc., are severed, and the tongue is liable to drop back, close the epiglottis, and cause the death of the patient by

suffocation. Accordingly, we pass a ligature through the tongue before commencing. Operations of this kind cannot be performed rapidly; we must proceed with caution, and arrest hemorrhage as we go."

The patient was then put under the influence of ether. Some difficulty was experienced in passing a ligature through the tongue; it was accordingly seized with a tenaculum.

An incision was made, commencing just below the ear on the right side, following the lower border of the jaw; the facial artery was divided and tied; the face was then turned in an opposite direction, and a similar incision was made on the left side; the masseter muscle was divided; the chain saw, by means of a stout, well-curved needle, was passed under the ramus of the jaw; and the ramus was sawed off just below the articulation.

The Doctor remarked that he had taken special pains to avoid the facial nerve, an important point, mention of which was neglected in the books. The books say, Make a free incision as high as the articulation. He would have carried the incision no higher, even if he had been going to disarticulate the jaw, for it was not necessary.

The incision was then carried around the chin, and was met by another incision, dividing the lip perpendicularly; the left cheek was then dissected from the bone; the tongue was reached, and a ligature was passed through its tip; the face was then turned to the other side; the masseter muscle was divided; the chain saw was passed under the ramus; and the bone was sawn through as it had been done on the previous side.

An attempt was made to dissect the jaw out entire; but the fragile bone broke near the symphisis, and the pieces were taken out separately. On the removal of the pieces of bone, the tissue under the tongue was found to be much indurated. In the attempt to remove some of this indurated tissue, quite a large artery was divided and ligated. It was found impossible to remove all of this indurated tissue, and the actual cautery was applied. The tongue was fastened to one of the incisor teeth by means of the ligature; the divided lip was united by hare-lip-pins; and the remainder of the wound by sutures.

The bone was found, on examination, to have been involved in the tumor, and to have been almost completely eaten away by it, from the right of the symphisis nearly to the angle of the jaw. The disease extended also along the alveolar process, lifting the teeth up and loosening them, nearly to the angle on the right side.

In conclusion, the Professor remarked that if it were not for the malignant disease, the operation would not occasion much disfigurement to the patient. The bone would be replaced by tough fibrous tissue, which would preserve the form of the face very well.

With regard to the tongue, at present it would be unsafe to leave it without its being secured; but if the patient lived, the muscles would form attachments, and it could be released, and he could use it in a few days.

The patient reacted well, experiencing but little if any more shock than from an ordinary thigh amputation in the lower third.

Gleanings from Our Exchanges.

On the Early History of Calculous Disease, and the Treatment Best Adapted for its Prevention.—Sir Henry Thompson publishes a lecture on this subject, of which we give an abstract. He commences by saying that "all calculi are of local or of constitutional origin. By 'local,' I mean formed by disease in the bladder, and not depending upon any constitutional conditions; by 'constitutional,' I mean formed by some vice in the system." The large majority of stones are of constitutional origin. Of these, by far the largest proportion have uric acid for their bases; a few have bases of oxalate of lime; and still fewer have phosphate of lime for bases: therefore, the practical problem is to prevent the formation of uric acid calculus.

He has found that the case almost invariably is that either calculus, or gravel, which is the same thing, or gout, and most commonly the latter, has existed in the preceding generation.

The first sign of this condition is the persistent, or, at all events, the frequent, depo-

sition of a pinkish matter at the bottom of the vessel on cooling; or, the urine may be merely cloudy when cold. This is only a deposition of salts from a warm solution on cooling, which will be redissolved on warming the liquid again.

Such a deposit may occur occasionally in the most healthy person, in consequence of some error of diet. It is only when it is of frequent occurrence that it is of any consequence. But if the patient, without any error of diet, habitually passes this kind of urine; if in time there is a manifest deposit of uric acid in the bottom of the vessel, looking like particles of cayenne pepper, then there is no doubt about the tendency to the production of uric acid. This deposit consists of crystals of uric acid. They may be passed almost daily, or at intervals; and at such times the patient may experience pains in the back, and great discomfort, and may then be said to have an attack of sand or gravel.

This condition is produced by the same cause as gout, and may alternate with it.

The treatment that is generally employed for these cases is the administration of alkalies when acids are deposited; if alkalies are present, acids are given. Such treatment may give temporary relief, but will not permanently benefit the patient.

At this point he makes a digression, and speaks of the pathology of the disease. He considers that the origin of gouty symptoms, as well as superabundant uric acid deposits in the urine, is due to defective assimilation of organs associated with or forming the primæ viæ. At the bottom of all this there often lies what is commonly understood by inactivity or torpidity of the liver, whatever that may be. The *rationale* of the trouble he considers to be that the liver, or some allied organ, does not do its duty; consequently, more work is thrown upon the kidneys; and thus the solid matters of the urine, or rather some of its ordinary constituents, are augmented.

Hence, the treatment which he recommends is "to employ such agents as will stimulate the primæ viæ without depressing vital power." A powerful agent for this purpose is mercury; and relief for such symptoms may be obtained by occasional small doses of that drug. But the means which he particularly recommends on account of their superior safety and efficiency, are mineral waters which contain large proportions of sulphate of soda. For this purpose the artificially prepared waters will not do. The natural waters must be used, or the result will disappoint our expectations.

The medicine which he considers next in efficiency, when the mineral waters can not be obtained, is Glauber's salts.

In regard to diet, he prohibits, or allows in very small quantities, alcohol, saccharine, and fatty matters.—*Lancet.*

THE LUNG TEST.—M. Poucet showed, at a meeting of the Lyons *Societe des Sciences Medicales*, the lungs of a fœtus prematurely born. The child had cried, breathed, and lived an extra-uterine life of ten hours; but the lungs sank completely in water, as if no respiration had taken place. Other cases of the same kind have been related by other observers, showing the insecurity of the lung test in forensic medicine.—*Lancet.*

BENZINE IN WHOOPING-COUGH.—Dr. Rottard says that benzine internally administered in from 10 to 20 drop doses, is the best remedy yet mentioned in whooping-cough. It may be used either alone or in connection with aspirations of the vapor.

TREATMENT OF ENURESIS.—Sponging the lower part of the spine before going to bed is said to have greatly benefited this troublesome complaint in children, when all other treatment had failed.

Society Reports.

ABSTRACT OF THE PROCEEDINGS OF THE ILLINOIS STATE MEDICAL SOCIETY, AT THE ANNUAL MEETING, MAY 21-22, 1872.

(*From Notes by the Editor.*)

The members of the Society assembled in the hall at Rock Island on Tuesday morning, May 21st, and were called to order by the President, Dr. J. O. Hamilton, of Jeseyville, at 10.30 o'clock a.m.

After prayer by the Chaplain, and the report of the Committee of Arrangements on the registration of members, Dr. Gregg, Chairman of that Committee, welcomed the members to the hospitalities of the city, in a very appropriate address.

The list of Standing and Special Committees was then called; and out of five Standing Committees only one, that on Drugs and Medicines, was prepared with a regular report. Of the nineteen Committees on special subjects, appointed at the previous annual

meeting, five only announced their readiness to report. Volunteer papers were offered by Drs. E. L. Holmes, A. L. McArthur, and F. C. Hotz.

Dr. T. D. Washburn, one of the Committee on Practical Medicine, presented a paper which he had designed as part of the report to be made by the Chairman of that Committee. Although so small a proportion of the Committees reported, yet the number of reports and papers read was sufficient to occupy the attention of the Society closely for two days.

On motion of Dr. D. W. Young, a resolution was adopted declaring that no reports or papers should be referred to the Committee on Publication, except such as are written out in full and ready to hand to the Secretary when read to the Society.

Dr. S. P. Breed, of Princeton, read a lengthy report on the subject of "Organic Dynamics," referring more particularly to the cerebro-spinal and organic systems of nerves.

He claimed that all dynamic force originated in the organic cells; that the cells of vegetable organization receive and correlate the caloric, light, and electricity into organic force; and that the nerve cells derive their force from the vegetable cells. He likened the nerve cells to galvanic batteries, and the nervous cords to the conducting wires. It was stated that every difference of function implied a difference in structure; that no two cells were alike: or that the cells of the brain of no two individuals of the same family or species were alike; and consequently they could not think alike.

It was claimed by the writer that cells, while developing, absorbed force, and gave it out only in the process of dissolution. This highest type of cell development was the *ideational* cells of the cerebrum, which in their dissolution evolve the phenomena of mind. The report closed with the detail of some cases of disease intended by the writer as illustrations of his previously developed theories. The report was referred to the Committee of Publication without discussion.

Dr. J. H. Hollister, of Chicago, Chairman of the Committee on Drugs and Medicines, read his report, which was one of much practical importance. He referred briefly to the importance of pharmacy, and its recent progress, and then proceeded to show the nature and extent of some of the more important adulterations and sophistications of drugs. He also presented, as a part of his report, a short paper by Dr. A. Niles, of Quincy, a member of the Committee on new Remedies. The report fully sustained the fact, already well known, that many of the most important articles of the materia medica are so extensively adulterated, as kept in many of the drug stores in all parts of the country, that great care is required on the part of the practitioner to avoid impositions and consequent disappointment in the effects of his remedies. The principal new remedies referred to were the bromal hydrate as a substitute for chloral hydrate, in cases requiring prolonged anæsthesia; the bromides of quinine and morphine in the treatment of neuralgia and diabetes; phosphide of iron in cases requiring more phosphorus in the system; and pepsin as obtained by macerating fresh rennet in glycerine. In the discussion which followed the reading of the report, Dr. E. Andrews, of Chicago, spoke of the great importance of drug adulterations, and related some instances of importance coming under his own observation in Chicago. He suggested, as the most efficient remedy, the active examination of the more important drugs in every market, and the prompt exposure of all clearly ascertained adulterations, through the columns of the public press.

Dr. D. Prince, of Jacksonville, made some inquiries in regard to the bromo-chloralum, and stated that he had used it in a number of cases, and thought it entirely useless.

Dr. E. R. Travers had used the bromo-chloralum in a case of cancer, to correct the fetid character of the discharge, but found it worthless.

Dr. D. W. Young, of Aurora, said, in reference to the subject of adulterated and worthless drugs, that physicians might do much to remedy the evil by greater care and discrimination in the bestowal of their patronage. He suggested that physicians in all

will disappoint our expectations.

port. Of the nineteen Committees on special subjects, appointed at the previous annual

the more populous towns and cities should club together and procure the establishment of drug stores exclusively for physicians' prescriptions, in which nothing but drugs selected specially for filling prescriptions should be kept.

The report of Dr. Hollister was referred to the Committee of Publication.

The report of Dr. C. W. Earle, of Chicago, Special Committee, on the recent advancements in physiology, was presented by the Secretary, the author not being able to attend the meeting. The report was received, and referred to the Committee of Publication.

Dr. E. L. Holmes, of Chicago, presented a short volunteer paper on the "Diagnosis and Treatment of Iritis." He stated that the existence of a certain grade of iritis was often overlooked, from the absence of well-marked symptoms. In such cases, he said, a drop of solution of atropia in the eye, causing dilatation of the pupil, would cause the irregular margin of the dilated pupil to be easily recognized. He recommended iridectomy as an important means for relieving inflammation and abscess of the cornea. He alluded to the use of calomel as a local application in chronic inflammation, involving the conjunctiva; and while admitting its beneficial effects, cautioned against its application while the patient was, at the same time, taking the iodide of potassa internally; the latter being capable of impregnating the tears, and entering into chemical combination with the mercurial, and thereby causing severe pain, with increase of the inflammation. A case of aneurism, or pulsating tumor of the orbit, was referred to, in which the use of veratrum viride was tried, which materially lessened the tumor, but failed to effect a cure. It was then injected with a solution of per-sulphate of iron, with entire success. He also related two cases of acute mania following operations for cataract. Both cases commenced about three days after the operation, and continued several days. The question of chief interest was whether the mental derangement in such cases was due to the atropia used locally for dilating the pupil?

Dr. D. Prince, of Jacksonville, stated that a case had occurred under his observation in which a single drop of the atropia, applied to the eye for the purpose of making an examination, was followed by insanity of three days duration.

Dr. J. H. Hollister related a case of chronic conjunctivitis, which was rapidly cured by the application of an ointment of the biniodide of mercury to the outside of the eyelids.

EVENING SESSION.

The meeting was called to order at 7.30 p.m., the President, Dr. J. O. Hamilton, in the chair.

The Secretary announced the names of the Committee on Nominations.

Dr. F. C. Hotz, of Chicago, presented and read a paper on the use of sulphate of quinia as a local application in the treatment of vascular cornea, pannus, and granular lids, including the detail of several cases illustrating the effects of the remedy.

He stated that dry quinine dusted on the conjunctival surface of the lids twice each day, pretty uniformly resulted in a rapid improvement of the condition of the cornea; but that it had no effect on the granulation of the lids. The first applications were generally productive of moderate pain, but which became less at each repetition. In only one case did he find the irritation such as to require a discontinuance of the application. It was well borne in many cases of conjunctivo-corneitis, in which the application of sulphate of copper could not be tolerated. The cases most promptly and fully relieved by the local application of the quinine, were those of pannus, and moderate inflammation of the cornea, without any accompanying granulations on the lids.

Dr. D. Prince remarked that quinine had been used as a local application to almost every variety of ulcer. He thought it acted as an astringent, diminishing the caliber of the inflamed vessels.

Dr. E. L. Holmes stated that his trials of the use of quinine as a local application had resulted generally in improving the condition of the cornea, but in no case had had any effect on granulated lids.

Dr. Blackman regarded the internal use of quinine very beneficial in most cases of chronic conjunctivo-corneitic inflammation.

Dr. Crawford expressed the same opinion concerning the importance of quinine as an internal remedy.

Dr. E. P. Cook thought the internal use of quinine and tonics chiefly beneficial in the ill-fed class of patients.

Dr. D. W. Young stated that he had used quinine as a local application in the treatment of gleet, with more benefit than any other remedy. He generally used a solution of 8 grains to the ounce of water.

After some remarks by Dr. N. S. Davis on the different varieties of conjunctival and corneitic inflammations, and the variations of treatment required, the paper of Dr. Hotz was referred to the Committee of Publication.

Dr. E. R. Travers, of Amboy, Special Committee on Dystosia, read his report, which was chiefly devoted to the subject of "Labors rendered difficult from fault in the soft parts, as distinguished from those rendered difficult either by defects or deformities of the bones of the pelvis, or in the fœtus.

Rigidity of the os-uteri was represented as one of the most frequent causes of dystosia. To produce relaxation, and thereby facilitate the progress of labor, he recommended nauseating doses of tartrate of antimony and potassa; and in cases of unusual persistence, the incising of the os, either laterally or anteriorly.

He related a case in which there was both unusual rigidity and hyperæsthesia of the os, and which resisted the influence of tartar emetic, chloroform, and other remedies, and which in its progress became complicated with convulsions. The os was then freely incised, and an attempt made to deliver with the forceps; but failing in this he resorted to craniotomy.

In commenting on this paper, Dr. Prince stated that tartar emetic as a remedy for relaxing the os in labor, had been abundantly tried and very generally abandoned as liable to induce troublesome vomiting and excessive prostration. He thought chloroform a far more efficient and and less objectionable remedy.

He related an interesting case of pregnancy in a woman who had a great degree of hypertrophy and induration of the os and cervex uteri, from long-continued prolapsus. She had suffered much delay and injury in a previous confinement; and knowing from the condition of the tissues that the same suffering would result again unless averted by some interference, it was determined to attempt a full control of the subsequent labor. About two weeks before the expected labor, proper measures were taken to bring on labor prematurely by dilating the os. This succeeded in soon inducing regular and efficient labor pains, with firm pressure of the head of the child on the unyielding os. A free lateral incision was now made through the dense structure of the os and cervex, and the labor completed with entire safety to both mother and child. Dr. Prince thought incising the os comparatively free from danger, but necessary in only a very small number of cases.

Dr. D. W. Young thought neither incisions nor premature labor should be practiced except in extreme cases.

Dr. T. D. Fitch had never had occasion to incise the os, or to give tartar emetic in labor. He thought, when rigidity of the os existed, or the occurrence of convulsions made speedy delivery necessary, chloroform much the best remedy. If it fails, incision of the rigid os might be necessary, and should always be lateral. He said more attention should be given, in retarded and difficult labors, to malpositions of the os. It was often found pressed backward into the concavity of the sacrum, or anteriorly over the pubis; and required judicious manipulation to place it in the right direction compared with the axis of the pelvis.

Dr. P. Gregg stated that he had attended over 1800 cases of labor, but had never had occasion to incise the os. He thought there was at the present time too much disposition to cut and pull the womb about. He asked what would prevent the incisions from being torn up further during the strong contractions of the uterus in expelling the child?

Dr. D. Prince replied that the circular fibres of the uterus at the full term of pregnancy were very strong, and did not lacerate. But practically the incisions made for relieving rigidity of the os, did not reach the body of the uterus, but were limited to the tissues belonging to the os and cervex.

Dr. H. VanDusen, of Mineral Point, delegate from the Wisconsin State Medical Society, spoke of the value of opium judiciously used, to procure rest first, and subsequent relaxation, in difficult labors.

After some further remarks from Dr. Travers, the Society adjourned to 8.30 a.m.

WEDNESDAY MORNING SESSION.

The meeting was called to order at 9 a.m., the President, Dr. J. O. Hamilton, in the chair.

Dr. E. Powell, of Chicago, Special Committee on the Transplantation of Cuticle, read his report.

From the trials he had made, he regarded it as quite certain that many large ulcers can be made to heal or cicatrize by the aid of transplantation, which would not heal without it; and others can be made to cicatrize much faster. It was also stated that the new skin formed by this process was less sensitive and more firm than when cicatrization takes place without it. He recommends first cleansing the surface of the ulcer with a solution of carbolic acid; then strip out a bit of healthy skin or cuticle, cut it into small pieces not larger than millet seeds; superficially incise the surface of the ulcer, and sprinkle the bits of cuticle over it, and cover it with adhesive plaster. He leaves it undisturbed for three or four days. On removing the plaster at the end of that time, little red points and islands of new skin will be seen on the surface of the ulcer, which in a few days more are found to be so many points of increasing cicatrization.

Dr. E. Andrews stated that he had seen some quite large pieces of cuticle adhere when applied in the manner described by Dr. Powell. He said in one case the integument used was kept in a vial two hours after it had been removed before it was sprinkled in the ulcer, and yet it succeeded well. He also referred to a case in which a large gap in the substance of a bone refused to heal for a long time. He paved the bottom of the ulcer with bits of skin one-eighth of an inch in diameter, with entire success.

Dr. E. Powell stated that he had several times tried the method of Dr. Hodge, which was to sprinkle on the surface of the ulcer the mere scarf-skin or cuticle scraped from the surface, but had never made it succeed. This report was referred to the Committee of Publication.

Dr. P. Gregg reported verbally a case of vesico-vaginal fistula, in which there was very extensive loss of substance, consequent on injury to the soft parts during a tedious labor. This first operation for closing the opening succeeded in reducing its size about one-half. The second operation resulted in the closure of all but a small aperture; and the patient could retain a small quantity of urine at a time, and pass it through the urethra. In these operations it had been found necessary to so include the neck of the uterus that the os was turned into the bladder. As the general health of the woman was bad, he deferred any further operative procedure for a few weeks, to allow time for improvement.

Little more than two months passed, and he was called in haste to the patient; and very much to his surprise found she had had a miscarriage, having expelled a fœtus of six or eight weeks process. That impregnation should have taken place through a small aperture in the vaginal wall, and still more, that such aperture should have dilated so as to allow the fœtus to escape through it, he regarded as very remarkable.

After her recovery from the abortion, Dr. Gregg again operated on the fistula, and succeeded in effecting an entire closure, leaving the os uteri within the bladder. She recovered good health, and ever after menstruated regularly through the urethra.

Dr. S. K. Crawford, Special Committee on Criminal Abortions, read his report. Nothing new was developed concerning the subject; and the report was referred to the Committee of Publication.

Dr. T. D. Washburn, of Hillsboro, a member of the Standing Committee on Practical Medicine, presented and read the paper that he had designed to constitute a part of the report of the Committee. It related, chiefly, to the topography and diseases of Montgomery County; and was referred to the Committee of Publication.

Dr. A. L. McArthur, of Rockford, read a volunteer paper on the "Formation of Bone." The paper evinced much thought and research, referring to most of the experiments and observations made in this country concerning the reparation and reproduction of bone.

His conclusions were, that bone is capable of being reproduced from periosteum, from the medullary substance or marrow, from the cancellated structure, and even from the inherent formative powers of the system, without the presence of either periosteum or any part of bone. The paper embraced a brief history of four cases illustrating the subject under discussion.

A discussion followed the reading of the paper, participated in by Drs. Hamilton, Truesdale, Young, VanDusen, Crawford, Prince, and Fitch. The cases related were interesting, but no new items of practical value were developed. The paper of Dr. McArthur was referred to the Committee of Publication.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

At the first regular meeting of the "Chicago Society of Physicians and Surgeons," on May 1st, Dr. Trimble being temporary Chairman, the Constitution and By-Laws, as presented by the Committee appointed to draft the same, were formally accepted. The Constitution providing that its membership should consist exclusively of "graduates of some respectable, regular school of medicine possessing a good moral and professional reputation," only such were allowed to unite for the object contemplated. The Committee appointed to correspond with the Chicago Medical Society, reported by presenting the letter forwarded to that body, informing them of the organization and standard of membership of the Society of Physicians and Surgeons, their adhesion to the Code of Ethics of the American Medical Association, the object of the institution of the Society, and asking for sympathy and encouragement. The report of the committee was accepted. Dr. A. R. Jackson then read a report of the removal of a fibroid cystic tumor from a female, accompanying it with specimen of the same. The following officers were then elected for the current year:

Dr. D. B. Trimble, *President.*

Dr. W. C. Lyman, *Vice-President.*

Dr. J. N. Hyde, *Secretary and Treasurer.*

Drs. McKennan, Emmons and Jackson, *Censors.*

The second regular meeting of the Society was held in the parlor of the Chicago Orphan Asylum on Michigan avenue, May 27. The minutes of the preceding meeting were approved. Drs. D. D. Thompson, of Geneva, 1844, and Dr. P. S. Hayes, Rush, 1872, were proposed in writing for membership and their names referred to the Censors. Dr. Lyman read a report of cases of cerebro-spinal meningitis, which was subsequently discussed by the Society. Some pathological photographs were then exhibited to the Society by Mr. John L. Gihon of Philadelphia, through the graphoscope, and received the thanks of the Society for the same.

Dr. Hyde gave notice of the reading of a paper on "Syphilitic lesions of the Viscera," after the continuation of the discussion on cerebro-spinal meningitis, which was deferred to the next meeting, and the Society adjourned. J. N. Hyde, M. D., *Secretary.*

Doctors in Russia.—We find from an official report that last year there were 10,000 doctors in Russia. Of this number 6,113 held public appointments, and 4,686 confined themselves to private practice. This gives only about one doctor to 7,182 of the inhabitants, basing the calculation on the most recent returns of the population. We know of districts in Russia where there is no doctor within less than a day's journey, and in some parts it is probable that there is still greater difficulty in obtaining medical aid.—*Doctor.*

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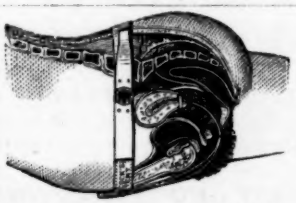

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